

MAR 13 2002

FCC MAIL ROOM

Note: This is a sample template, it is not an OMB approved form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information *RCC HOLDINGS, INC*

Parent Company Name

RURAL CELLULAR CORPORATION

Service Provider Name

DBA UNICEL

Company Address, City, State, Zip

*P.O. Box 2000
ALEXANDRIA MN 56308*

Service Provider Type

☒ Wireless☐ Wireline*RCC HOLDINGS, INC*

Name(s) of Wireless License Holder(s)

STACY PETERSON

Contact Name

320. 808. 2469

Contact Tel #

320. 808. 2120

Fax #

stacyrp@rccw.com

E-mail Address

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

SEE ATTACHED.

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

SEE ATTACHED.

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

SEE ATTACHED.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

SEE ATTACHED.

Section 3
911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

NONE.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

NONE.

Section 4

Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature

Wesley E. Schultz

Printed name of authorized representative

WESLEY E SCHULTZ

Title

EXECUTIVE VICE PRESIDENT

Date

3/11/02

This filing is:



original filing



revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.

County	Largest City	Current DID for 911	Where	Note	Talked To	Should Be	Where	Note	Action
Greene, AL	Eutaw	205/372-3152	Greene Co. Sheriff	Correct	Ms. Atkins	205/372-3152	same	No Change Upcoming	None
Wallace, KS	Sharon Springs	785/852-4288	Wallace Co. Sheriff	Correct	Larry Townsend	785/852-4288	same	No Change Upcoming	None
Clay, MS	West Point	662/494-1244	West Point City PD	For City Only	Beth	662/494-5152	Clay Co. Sheriff	Number changed	Change
Tallahatchie, MS	Charleston	662/473-2722	Yalobusha Co. Sheriff	Wrong	Diana, Wade	662/647-5511	Tallahatchie Co. Sheriff	Number changed	Change
Pike, AL	Troy	334/588-2222	Hartford City PD	Wrong	Vance Ventress	334/566-8238	Troy City PD	Number changed	Change